

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562002

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5		1					
6		1					
7		1					
8		1					
9		1					
10		2					
11		1					
12		1					
13		1					
14		1					
15		2					
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50							
TOTAL IND.	2						
TOTAL DEP.	17	↔		↔		↔	
TOTAL CLAIMS	19	██████████		██████████		██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS		██████████		██████████		██████████	